

ISSUE SLIP STAPLE AREA: (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Sellun		02-26-01
O.I.P.E. CLASSIFIER		43	3/15/01
FORMALITY REVIEW	H.S	866	04-03-01
RESPONSE FORMALITY REVIEW	TSP	140	7-10-01

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 □ ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
1	07-03-01
2	07-03-01
3	07-03-01
4	07-03-01
5	07-03-01
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50	07-03-01

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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